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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth Miami, Ariz. County Ariz. Pima No. 1133 Sullivan St.

SEX OF CHILD*		Twin Triplet or other?	1	and	Number in order of birth
Female					
DATE OF BIRTH*		Dec.	1		1943
		(Month)	(Day)		(Year)
FULL NAME		FATHER			
		Pedro Lozano			
FULL MAIDEN NAME		MOTHER			
		Anita Ramos			

I HEREBY CERTIFY that the child described herein has  
been named

Aurora Lozano

(Give name in full)

(Surname)

Anita Ramos

(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

SM 6-1-3,8

136-1201-192